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Date: June 21, 2005

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FROM: Robyn Wagner
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REF. NO.: CFSTP001
PATENT APPLICATION NO.: 09/885,076
NO. PAGES: 3

MESSAGE:

Dear Official Fax Filing:

Please accept the enclosed Revocation of Power of Attorney with New Power of Attorney and Change of Correspondence Address, for the above-referenced application.

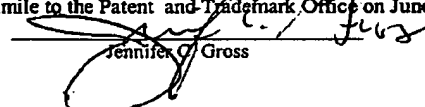
Best Regards,


Robyn Wagner

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PATENT**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

In re application of:) Attorney Docket No.: CFSTP001
Kevin W. Jameson)
Patent Application No.: 09/885,076)
Filed: June 21, 2001) Date: June 21, 2005
For: COLLECTION CONTENT CLASSIFIER)

CERTIFICATE OF FACSIMILE

I hereby certify that this correspondence is being transmitted
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Signed:  Jennifer O. Gross

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Sir:

Transmitted herewith is the Power of Attorney by Assignee and Revocation of Previous Powers for the above-entitled matter.



Applicant(s) believe that no fee is required; however, if it is determined that such fee is required, Applicant(s) hereby authorize the Commissioner to charge the required fees Deposit Account No. 50-0685 (CFSTP001).

Respectfully submitted,



Robyn Wagner
Registration No. 50,575

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Atty. Docket No. CFSTP001

PTO/SB/82 (04-05)

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**REVOCATION OF POWER OF
ATTORNEY WITH
NEW POWER OF ATTORNEY
AND
CHANGE OF CORRESPONDENCE ADDRESS**

Application Number	09/885,076
Filing Date	June 21, 2001
First Named Inventor	Kevin W. Jameson
Art Unit	2121
Examiner Name	Michael B. Holmes
Attorney Docket Number	CFSTP001

I hereby revoke all previous powers of attorney given in the above-identified application.

☐ A Power of Attorney is submitted herewith.

OR

☒ I hereby appoint the practitioners associated with the Customer Number:

21912

☒ Please change the correspondence address for the above-identified application to:☒ The address associated with
Customer Number:

21912

OR

☐ Firm or
Individual Name

Address

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State

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Country

Telephone

Email

I am the:

☒ Applicant/Inventor.☐ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)**SIGNATURE of Applicant or Assignee of Record**

Signature

Name

Kevin W. Jameson

Date

June 21/2005

Telephone

403 547 7660

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☒ *Total of 1 forms are submitted.

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